

Effractive on 12/08/2004 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known					
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Application Number	PCT/IB05/000079				
		Filing Date	01/11/05				
		First Named Inventor	Justin S. Bryans				
		Examiner Name	Unknown				
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Art Unit	Unknown				
Total Amount of Payment (\$) 400.00		Attorney Docket No.	PC25784A				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____							
<input checked="" type="checkbox"/> Deposit Account. Deposit Account number <u>16-1445</u> Deposit Account Name <u>Pfizer Inc</u>							
For the above identified deposit account, the Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fees pursuant to 37 CFR 1.1.6 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038							
FEE CALCULATION							
1. BASIC FILING FEE							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid
	Application Type	Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	_____	_____	_____	_____			
4. OTHER FEE(S)							
Submitted		Fees Paid (\$)					
Name (Printed/Type)	Andrea E. Donigo	Registration No.	47,532				
Signature	/Andrea Donigo/	Telephone	1-212-733-1898				

This certification of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public work is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Fee will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and for suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-pto-9198 and select option 2.